

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 11  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Jews for Progress</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620922	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Associated Press</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 14 / 2016</b>	
Mailing Address <b>PO Box 414212</b>		Amount <b>472.50</b>	
City <b>Boston</b>	State <b>MA</b>	Zip Code <b>02241-4212</b>	Transaction ID : <b>VSGBG9T9RT3</b>
Purpose of Expenditure <b>Photograph for Newspaper Advertisement</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 11 / 2016</b>	
Name of Federal Candidate <b>TRUMP, DONALD J., ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>35530.13</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Associated Press</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 14 / 2016</b>	
Mailing Address <b>PO Box 414212</b>		Amount <b>472.50</b>	
City <b>Boston</b>	State <b>MA</b>	Zip Code <b>02241-4212</b>	Transaction ID : <b>VSGBG9TEWP7</b>
Purpose of Expenditure <b>Photograph for Newspaper Advertisement</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 11 / 2016</b>	
Name of Federal Candidate <b>Clinton, Hillary, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>35530.13</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>945.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adler, Michael, , ,

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**10 / 21 / 2016**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 11  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Jews for Progress</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620922	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Associated Press</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 19 / 2016</b>		
Mailing Address <b>PO Box 414212</b>			Amount <b>175.00</b>		
City <b>Boston</b>	State <b>MA</b>	Zip Code <b>02241-4212</b>	Transaction ID : <b>VSGBG9TFKH7</b>		
Purpose of Expenditure Photograph for Newspaper Advertisement		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2016</b>		
Name of Federal Candidate <b>TRUMP, DONALD J., ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <b>35530.13</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Associated Press</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 19 / 2016</b>		
Mailing Address <b>PO Box 414212</b>			Amount <b>175.00</b>		
City <b>Boston</b>	State <b>MA</b>	Zip Code <b>02241-4212</b>	Transaction ID : <b>VSGBG9TFKM1</b>		
Purpose of Expenditure Photograph for Newspaper Advertisement		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2016</b>		
Name of Federal Candidate <b>Clinton, Hillary, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <b>35530.13</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>350.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adler, Michael, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 11  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Jews for Progress</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620922	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Bluelight Strategies</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 14 / 2016</b>		
Mailing Address 2639 Connecticut Ave NW Ste 200			Amount <b>2618.77</b>		
City Washington	State DC	Zip Code 20008-1594	Transaction ID : <b>VSGBG9TK4P7</b>		
Purpose of Expenditure Ad Placement: Heritage FL Jewish News		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2016</b>		
Name of Federal Candidate TRUMP, DONALD J., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <b>35530.13</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Bluelight Strategies</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 14 / 2016</b>		
Mailing Address 2639 Connecticut Ave NW Ste 200			Amount <b>2618.77</b>		
City Washington	State DC	Zip Code 20008-1594	Transaction ID : <b>VSGBG9TK4R3</b>		
Purpose of Expenditure Ad Placement: Heritage FL Jewish News		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2016</b>		
Name of Federal Candidate Clinton, Hillary, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <b>35530.13</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>5237.54</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 11  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Jews for Progress</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620922	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Bluelight Strategies</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 19 / 2016</b>		
Mailing Address 2639 Connecticut Ave NW Ste 200			Amount <b>11835.15</b>		
City Washington	State DC	Zip Code 20008-1594	Transaction ID : <b>VSGBG9TK4S1</b>		
Purpose of Expenditure Ad Placements: Jewish Journal, Israpost, Jacksonville Jewish, Jewish Press of Tampa & Pinellas		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2016</b>		
Name of Federal Candidate TRUMP, DONALD J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>35530.13</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Bluelight Strategies</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 19 / 2016</b>		
Mailing Address 2639 Connecticut Ave NW Ste 200			Amount <b>11835.15</b>		
City Washington	State DC	Zip Code 20008-1594	Transaction ID : <b>VSGBG9TK4T9</b>		
Purpose of Expenditure Ad Placements: Ad Placements: Jewish Journal, Israpost, Jacksonville Jewish, Jewish Press of Tampa &		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2016</b>		
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>35530.13</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>23670.30</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adler, Michael, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Jews for Progress</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620922	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Bluelight Strategies</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 19 / 2016</b>	
Mailing Address 2639 Connecticut Ave NW Ste 200			Amount <b>1176.50</b>	
City Washington	State DC	Zip Code 20008-1594	Transaction ID : VSGBG9TM5R2	
Purpose of Expenditure Ad Placement: Jerusalem Post		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2016</b>	
Name of Federal Candidate TRUMP, DONALD J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		<b>35530.13</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Bluelight Strategies</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 19 / 2016</b>	
Mailing Address 2639 Connecticut Ave NW Ste 200			Amount <b>1176.50</b>	
City Washington	State DC	Zip Code 20008-1594	Transaction ID : VSGBG9TM5W4	
Purpose of Expenditure Ad Placement: Jerusalem Post		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2016</b>	
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		<b>35530.13</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>2353.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Jews for Progress</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620922	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Getty Images</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 14 / 2016</b>	
Mailing Address <b>75 Varick St</b>		Amount <b>803.70</b>	
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10013-1917</b>	Transaction ID : <b>VSGBG9T9RG4</b>
Purpose of Expenditure Photograph for Newspaper Advertisement		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 11 / 2016</b>
Name of Federal Candidate <b>Clinton, Hillary, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>35530.13</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Getty Images</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 14 / 2016</b>	
Mailing Address <b>75 Varick St</b>		Amount <b>803.70</b>	
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10013-1917</b>	Transaction ID : <b>VSGBG9TEWM2</b>
Purpose of Expenditure Photograph for Newspaper Advertisement		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 11 / 2016</b>
Name of Federal Candidate <b>TRUMP, DONALD J., , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>35530.13</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>1607.40</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adler, Michael, , ,

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Jews for Progress</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620922	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Getty Images</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 19 / 2016</b>	
Mailing Address <b>75 Varick St</b>		Amount <b>425.65</b>	
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10013-1917</b>	Transaction ID : <b>VSGBG9TK828</b>
Purpose of Expenditure Photograph for Newspaper Advertisement		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2016</b>
Name of Federal Candidate <b>TRUMP, DONALD J., ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>35530.13</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Getty Images</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 19 / 2016</b>	
Mailing Address <b>75 Varick St</b>		Amount <b>425.64</b>	
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10013-1917</b>	Transaction ID : <b>VSGBG9TK852</b>
Purpose of Expenditure Photograph for Newspaper Advertisement		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2016</b>
Name of Federal Candidate <b>Clinton, Hillary, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>35530.13</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>851.29</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Jews for Progress</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620922	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>King, Jennifer, , ,</b>		Date of Public Distribution/Dissemination <b>10 / 14 / 2016</b>	
Mailing Address <b>PO Box 59239</b>		Amount <b>123.50</b>	
City <b>Birmingham</b>	State <b>AL</b>	Zip Code <b>35259-9239</b>	Transaction ID : <b>VSGBG9TEWE6</b>
Purpose of Expenditure <b>Design Services</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation <b>10 / 14 / 2016</b>	
Name of Federal Candidate <b>TRUMP, DONALD J., ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>35530.13</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>King, Jennifer, , ,</b>		Date of Public Distribution/Dissemination <b>10 / 14 / 2016</b>	
Mailing Address <b>PO Box 59239</b>		Amount <b>123.50</b>	
City <b>Birmingham</b>	State <b>AL</b>	Zip Code <b>35259-9239</b>	Transaction ID : <b>VSGBG9TEWF4</b>
Purpose of Expenditure <b>Design Services</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation <b>10 / 14 / 2016</b>	
Name of Federal Candidate <b>Clinton, Hillary, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>35530.13</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>247.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adler, Michael, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 9 OF 11  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Jews for Progress</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620922	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>King, Jennifer, , ,</b>		Date of Public Distribution/Dissemination <b>10 / 14 / 2016</b>	
Mailing Address <b>PO Box 59239</b>		Amount <b>104.50</b>	
City <b>Birmingham</b>	State <b>AL</b>	Zip Code <b>35259-9239</b>	Transaction ID : <b>VSGBG9TF842</b>
Purpose of Expenditure <b>Design Services</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation <b>10 / 19 / 2016</b>	
Name of Federal Candidate <b>TRUMP, DONALD J., ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>35530.13</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee <b>King, Jennifer, , ,</b>		Date of Public Distribution/Dissemination <b>10 / 14 / 2016</b>	
Mailing Address <b>PO Box 59239</b>		Amount <b>104.50</b>	
City <b>Birmingham</b>	State <b>AL</b>	Zip Code <b>35259-9239</b>	Transaction ID : <b>VSGBG9TF850</b>
Purpose of Expenditure <b>Design Services</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation <b>10 / 19 / 2016</b>	
Name of Federal Candidate <b>Clinton, Hillary, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>35530.13</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>209.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adler, Michael, , ,

[Electronically Filed]

Date

**10 / 21 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 10 OF 11  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Jews for Progress</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620922	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Michelle LeClerc Design</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 14 / 2016</b>	
Mailing Address 1254 1/2 Lilac Pl		Amount <b>22.50</b>	
City Los Angeles	State CA	Zip Code 90026-4419	Transaction ID : <b>VSGBG9TF7Y4</b>
Purpose of Expenditure Design Services	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2016</b>	
Name of Federal Candidate TRUMP, DONALD J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee <b>Michelle LeClerc Design</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 14 / 2016</b>	
Mailing Address 1254 1/2 Lilac Pl		Amount <b>22.50</b>	
City Los Angeles	State CA	Zip Code 90026-4419	Transaction ID : <b>VSGBG9TF7Z2</b>
Purpose of Expenditure Design Services	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2016</b>	
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>45.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adler, Michael, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 21 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 11 OF 11  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Jews for Progress</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620922	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>National Jewish Democratic Council</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 14 / 2016</b>	
Mailing Address 2639 Connecticut Ave NW Ste 200			Amount <b>7.30</b>	
City Washington	State DC	Zip Code 20008-1594	Transaction ID : VSGBG9TEWH8 Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure Shipping Services		Category/ Type <b>004</b>		
Name of Federal Candidate TRUMP, DONALD J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		<b>35530.13</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>National Jewish Democratic Council</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 14 / 2016</b>	
Mailing Address 2639 Connecticut Ave NW Ste 200			Amount <b>7.30</b>	
City Washington	State DC	Zip Code 20008-1594	Transaction ID : VSGBG9TEWJ6 Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure Shipping Services		Category/ Type <b>004</b>		
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		<b>35530.13</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>14.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>35530.13</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adler, Michael, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 21 / 2016**

Signature